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Update on the status of the State-Operated Psychiatric Hospitals

In keeping with our desire to keep all interested parties informed about the status of the facilities under the jurisdiction of the N.C. Department of Health and Human Services, this update is provided.

Central Regional Hospital

Final inspection work continues on the hospital and we move closer to our expected opening date. Modifications continue to be made as needed including:

- Modifying handicapped bathroom grab bars to eliminate this potential hanging risks.
- Adding impact resistant glass panels to the openings in three stairwells.
- Enclosing any exposed roof access ladders.
- The change order cost for these adjustments is $23,600.

It is intended that, at opening, the Central Regional Hospital will meet all guidelines set forth by the American Institute of Architects (AIA) for psychiatric facilities. AIA Guidelines are also used by the Joint Commission on Accreditation of Health Care Organizations. The new hospital will also meet all the requirements of N.C. Department of Insurance, State Building Code as well as the N.C. Division of Health Services Regulation's requirements for the Centers for Medicare and Medicaid Services (CMS) and North Carolina licensure regulations.

In January, I asked a group of hospital and behavioral health professionals from outside the department to review the new facility. This Group has met several times since their appointment and the committee has made a site visit to the facility. Their main concern, which we are investigating, is the size and configuration of the restraint rooms. This is an issue of clinical preference and discussions among committee members and state staff are continuing to resolve their concerns.

Based on the review of the final construction work and the time needed to establish an IT (Information Technology) system after full acceptance of the facility as well as getting our final staffing plan in place, we will delay the transition to the new hospital until July 1, 2008. We will use this additional time to make sure the facility is thoroughly inspected and safe for occupancy before moving patients.

Also contributing to this decision is getting federal approval for The Dix Unit – a 60-bed acute unit to be located on the Dorothea Dix campus – as well as getting the final agreement in place with Wake County for operating this unit. We are working toward getting the staffing configuration finalized. The addition of the 60-bed acute unit required a shift in staffing plans and time is required to allow fair consideration in hiring decisions for the more than 150 positions required for this unit. This will require us to back fill the staff slots at Central Regional Hospital due to this change.

Future Construction

Design is under way for the new Cherry Hospital in Goldsboro. We have hired an individual to be construction liaison between the design team and the facility management. The liaison will attend all design meetings to represent the views of Cherry Hospital management. The design is scheduled to be completed by December 2008 and construction will begin in February 2009. The number of beds at Cherry will increase from the current 274 to 304 at the new facility.

Hospital Operations

By June 2008, the installation of cameras in all restraint rooms at Cherry Hospital and Broughton Hospital will be complete. Central Regional Hospital will have cameras installed by opening. Our retention policy for surveillance records will be approximately three to four weeks, unless a documented incident requires further review.

We have retained the services of Dr. Jeffery Geller as an external expert to provide ongoing consultation and training in clinical operations. Dr. Geller starts his work during the next quarter (April-June 2008).

A Management and Operations Work Group was appointed in January 2008 to review hospital practices, safety and staffing. They have been meeting since mid-January. The members include hospital and behavioral health professionals from outside of the department as well as hospital directors. The workgroup is addressing standardization of policies, protocols for restraints, and staffing to patient ratios. They are helping us develop systemwide DHHS policies that will supersede local hospital policies and will provide uniform approaches to incidents and investigations. These will include a process for reporting deaths to the medical examiner as well as to local law enforcement agencies. An interim policy is already in place and final policy will be adopted by the end of March 2008.

The Interim Policy states:

- Effective March 17, 2008, all deaths at state facilities will be reported to the medical examiner.
- Any suspected serious abuse/crime must be reported to the appropriate law enforcement agency immediately. This includes such incidents as reported rape or any other sexual abuse, suspected assault, etc. Alleged abuse/crimes are to be reported whether a staff member or patient allegedly committed the crime.
- As soon as a serious crime is suspected, it is to be reported to law enforcement. For example, a death appears to be from natural causes, but the ME report comes back indicating the death was the result of assault. The facility must report this to law enforcement immediately upon reviewing the report.
- It is the responsibility of law enforcement to follow up with the District Attorney to determine if there is enough evidence to press charges.
- In the case of incidents such as alleged theft of personal property of nominal value, physical assault without injury, etc., the facility must inform the victim (or guardian if the individual is adjudicated incompetent) of his/her rights to press charges.
- If it is unclear if a suspected abuse/crime should be reported to law enforcement for investigation, the facility should consult with law enforcement to make a determination.
- The Facility Director is responsible for ensuring that the guidelines listed above are followed.
- This process is in addition to DHHS Directive III-5 on Reporting Exploitation, Neglect and Abuse.

Finally, we have made more than $320,000 in improvements at Broughton Hospital including improvements to the therapeutic environment and to the patient living areas, such as new beds, bedspreads, furniture, wall treatments, carpeting, televisions, satellite TV hookup, draperies, etc.

On February 25, Broughton Hospital management notified the Centers for Medicare and Medicaid Services (CMS) of its application to be certified once more as a Medicaid and Medicare provider. The hospital lost its CMS certification in August 2007. The significant improvements include:

- Working to reduce the use of emergency restrictive interventions and to ensure that any restraints are done safely.
- Reorganizing staff to ensure appropriate and effective clinical supervision of all clinical staff.
- Creating new policies and additional education on prevention of falls.
- Creating an interdisciplinary atmosphere where the entire staff is working together to address a patient's needs.
- Realigning existing nurses and bringing in additional nurses through contracts to increase the number of nurses operating on the wards.
- Improving infection control policies.

We also created a web site to improve public understanding of the activities in the state operated facilities. The site – What Is Going On At NC's Mental Health, Developmental Disabilities and Substance Abuse Services Facilities – can be accessed at http://www.dhhs.state.nc.us/mhfacilities/index.htm It includes a broad array of information, including admissions/discharge data, patient deaths/injuries information and information on staff injuries.

For more information, contact: Public Affairs Office, N.C. Department of Health and Human Services at (919) 733-9190 or at public.affairs@ncmail.net

Dempsey Benton, Secretary